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# Key emerging TB/HIV issues

*Update from the TB/HIV Working Group*

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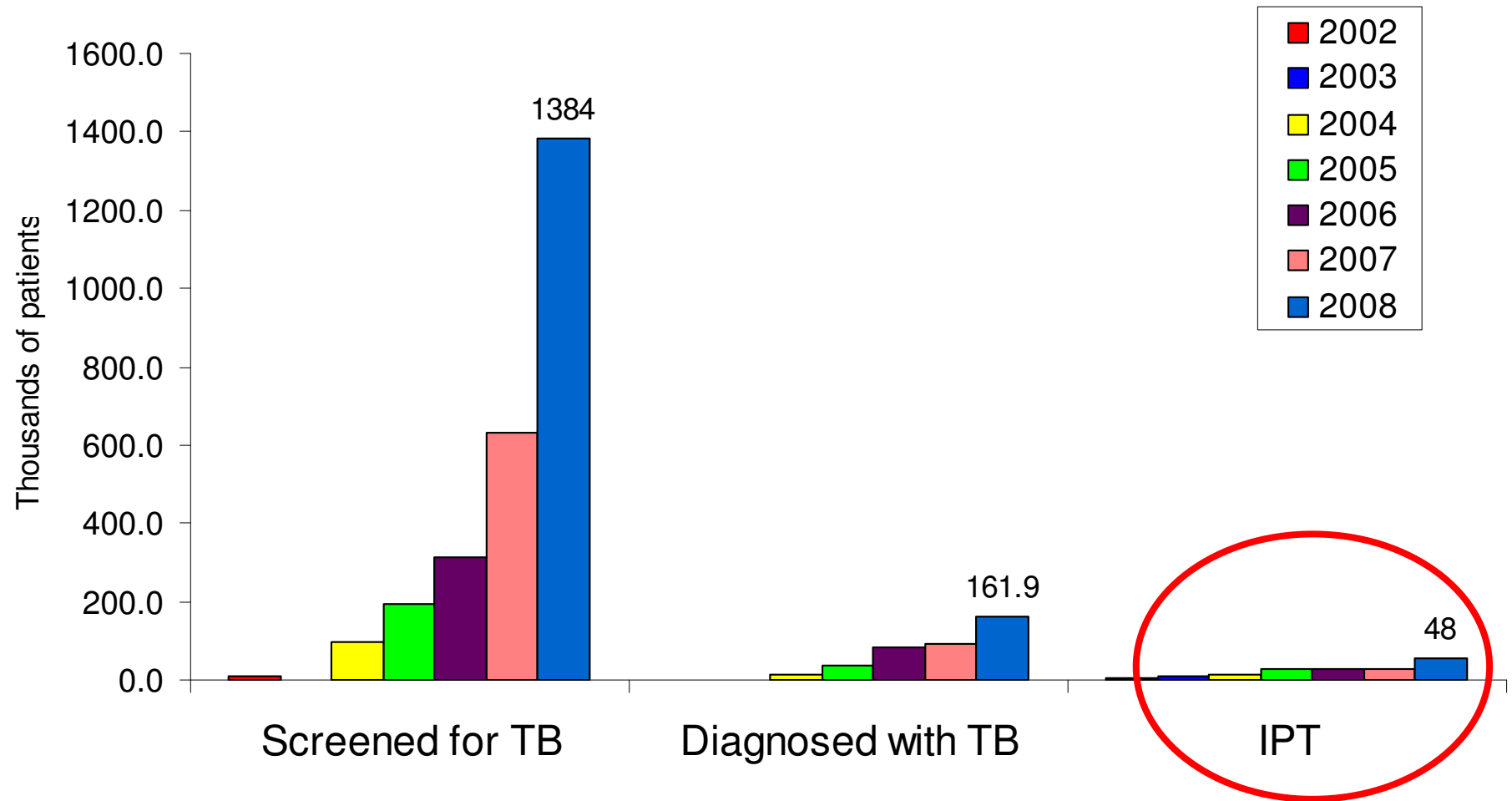
On behalf of the TB/HIV Working Group of the Stop TB Partnership

# Strategy of the Working Group

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- Regional characterization of the epidemic
- Set guidelines and targets for response
- Catalyze and monitor implementation
- Establish political visibility
- Promote research
- Mobilize civil society organizations

# Global TB screening, treatment and IPT 2002-2008



# Africa and Asia regional response

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## Africa

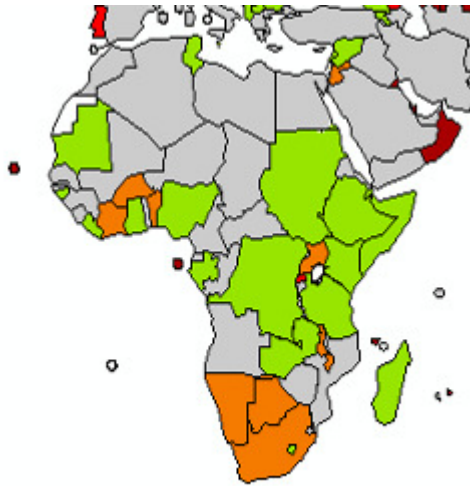
- Encouraging progress for TB side interventions
- Implementation of 3Is still lagging behind
- South Africa is ahead of the curve
- Slow policy uptake of ART for all TB patients

## Asia

- Access to HIV testing is still the key barrier
- Centralised ART services
- India is bracing for nationwide scale up
- China has developed a national TB/HIV plan

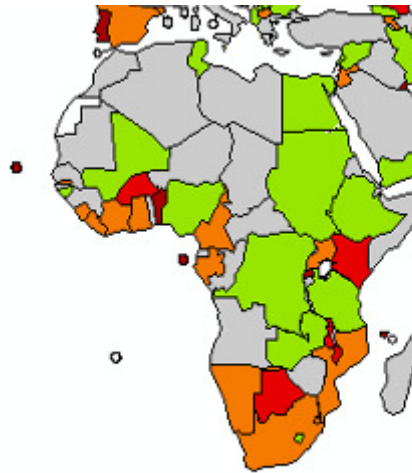
# HIV testing is expanding in Africa

2005



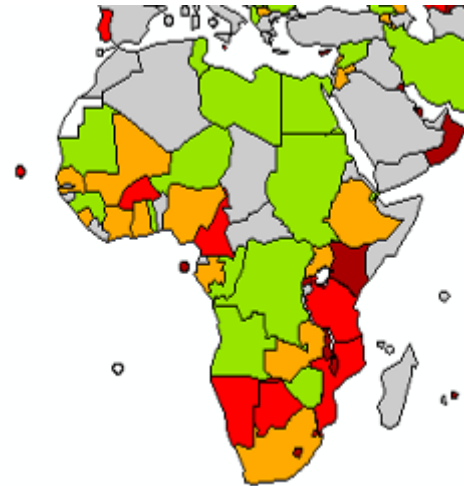
11%

2006



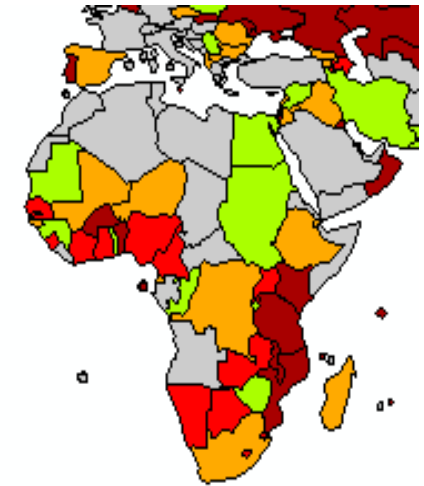
22%

2007



37%

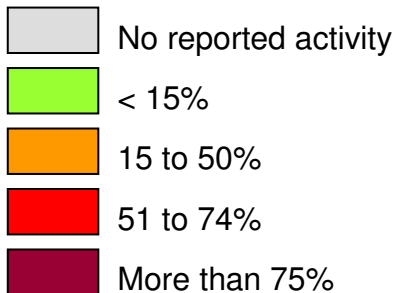
2008



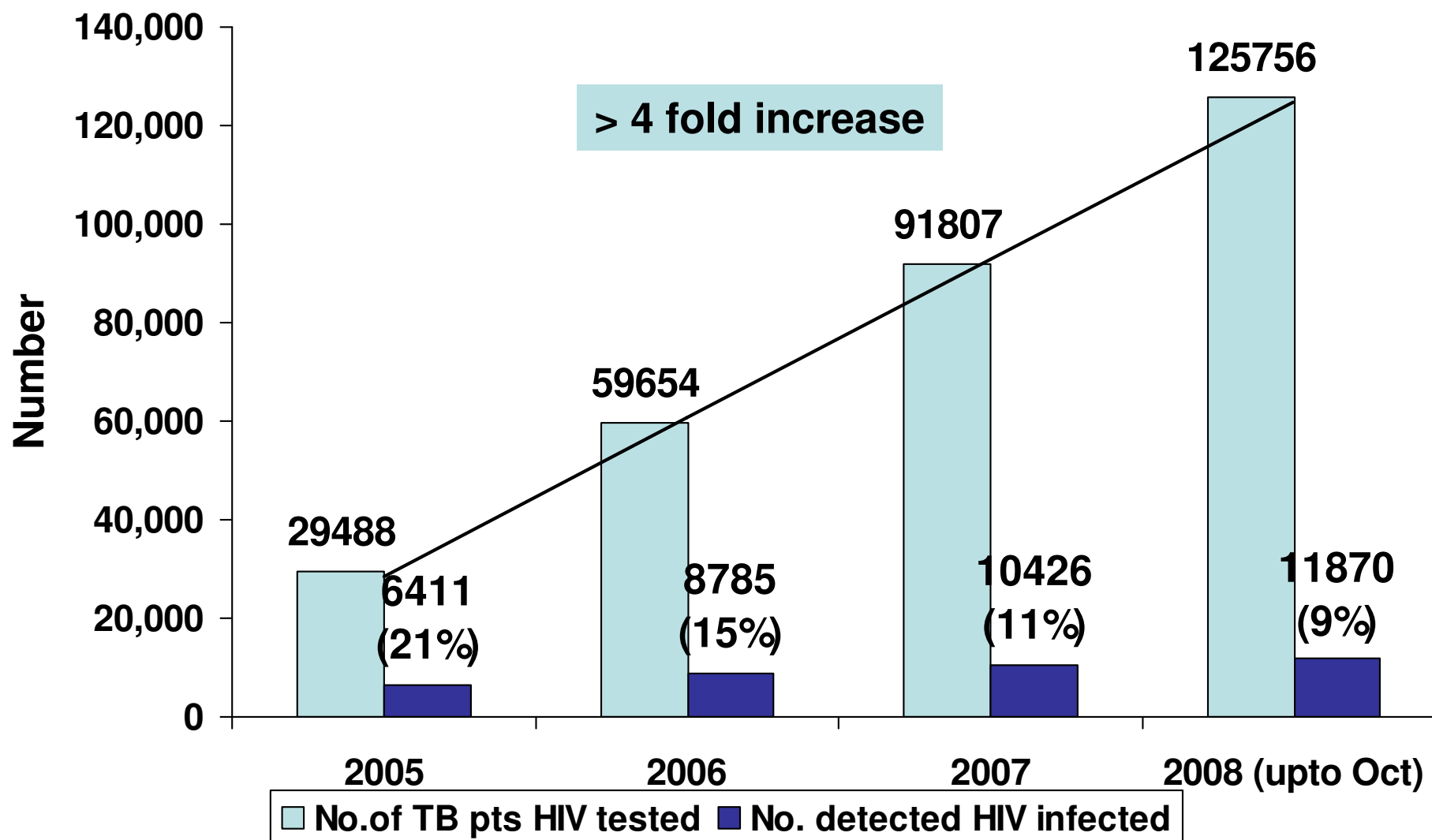
45%

Proportion of TB patients  
tested for HIV

Key



# TB patients Newly HIV Tested: India 2005-2008



Source: Monthly reports from ICTCs collated and reported by respective State AIDS Control Societies

# Regional response: Eastern European and Central Asian countries

## TB/HIV Core Group meeting Almaty, May 2010



### Accelerating the implementation of collaborative TB/HIV activities in the WHO European Region

16-17 July 2010, Vienna, Austria

#### Summary

Scaling-up collaborative tuberculosis and human immunodeficiency virus (TB/HIV) activities in the WHO European region is a priority. The region accounts for 6% of the global burden of TB and has the highest levels of drug-resistant tuberculosis in the world. Approximately 2.4 million children and adults were living with HIV in the region in 2008 with 1.5 million living in Eastern Europe and Central Asian countries, and the region faces the fastest growing HIV epidemic in the world. However, low and middle income countries in the region have amongst the lowest coverage with antiretroviral therapy (ART) globally. The first European TB/HIV regional meeting "Accelerating the implementation of collaborative TB/HIV activities in the WHO European Region" was organized by the World Health Organization (Headquarters and Regional Office for Europe) in collaboration with the TB/HIV Working Group of the Stop TB Partnership prior to the XVIII International AIDS Conference in Vienna in July 2010.



A total of 186 people from 37 countries participated to the meeting with representation from all of the 18 high TB burden countries and those countries most seriously affected by HIV, including those with the highest population prevalence from the region. Participants discussed how to strengthen collaboration and coordination between programmes, how to address drug-resistant TB, and how to provide integrated and comprehensive care to most at risk populations such as people who use drugs, migrants and prisoners. Participants also shared experiences and best practices to inform recommendations to accelerate the implementation of nationwide scale-up of collaborative activities.

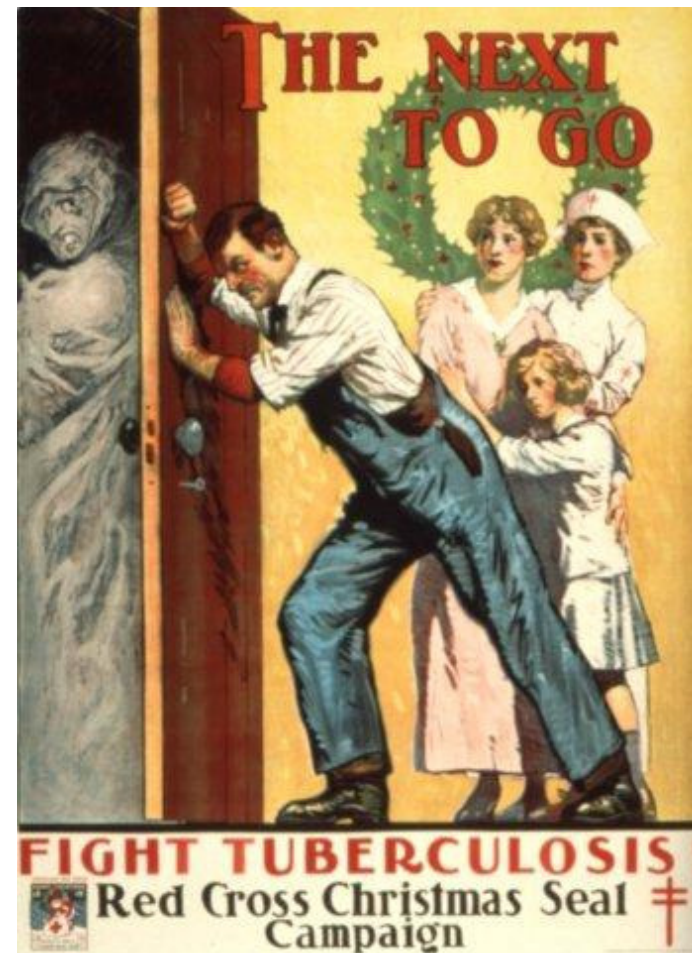
National TB, HIV and harm reduction programme managers as well as officials from the penitentiary system were joined by a broad range of TB and HIV/AIDS stakeholders active in the WHO European region, members of the TB/HIV Working Group, and representatives of non-governmental and civil society organizations.

This report summarizes key outcomes, conclusions and recommendations of the meeting.

Regional meeting  
Vienna, July 2010  
prior to 18<sup>th</sup> AIDS conference

# Mandatory hospitalization of all patients with drug susceptible TB

- Routine practice
- Between 2-3 months, sometimes longer
- Compulsory stay of family members in sanatorium
- TB control budget dependent on bed occupancy



Key barrier for TB/HIV progress in E Europe and Central Asia



# Lack of access of services for drug users, prisoners and migrants

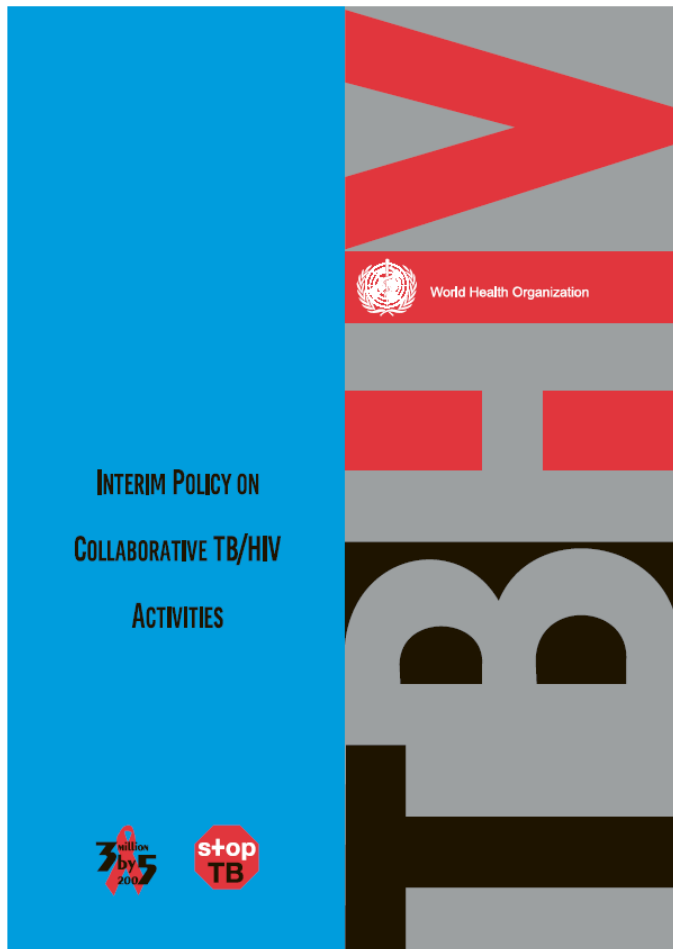
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- Restricted access to harm reduction services including TB prevention, diagnosis and treatment
- Convergence of drug use with Hepatitis C
- No coordination of prison health services with MOH
- Lack of ID documents due to migration prevents access to medical care
- Stigma and criminalization
- Convergence of MDR TB with HIV

Key barriers for TB/HIV progress in E Europe and Central Asia

# Updating the "Interim" Policy on Collaborative TB/HIV activities

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- Need to update – no more "interim"
- Prevention of TB (IPT and ART) emphasis
- Integration of services at the same place and time as possible
- Use of decentralized TB services for HIV prevention and treatment

# The 12 points policy package: What's new?

## A. Establish the mechanisms **for integrated TB & HIV services**

1. Set up a TB/HIV coordinating body effective at all levels
2. Conduct HIV surveillance among TB patients
3. Carry out joint TB/HIV planning
4. Conduct monitoring and evaluation

Joint HIV and TB

## B. Decrease the burden of TB in PLHIV (*Three Is for HIV/TB*)

5. Establish intensified TB case finding **and ensure quality TB treatment**
6. Introduce TB prevention with **IPT and ART**
7. Ensure TB infection control in health care/other settings

HIV program

## C. Decrease the burden of HIV in TB patients

8. Provide HIV testing & counselling to **TB suspects** & TB patients
9. Introduce HIV preventive methods for **TB suspects** & TB patients
10. Provide CPT for TB patients living with HIV
11. Ensure **HIV prevention, treatment & care for TB patients with HIV**
12. Provide Antiretroviral therapy to TB patients living with HIV

TB program

# Political visibility and advocacy

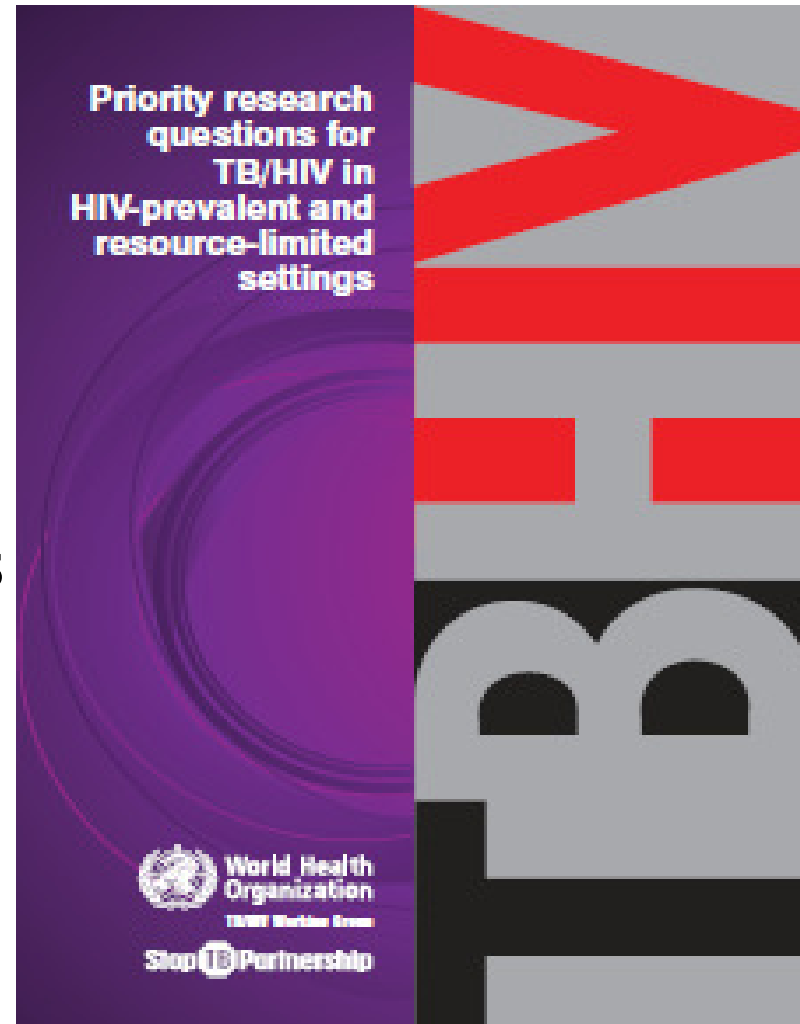
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- IAS 2010: HIV/TB was visible. Catalyzed multi-sector dialogue with implementation focus.
- PEPFAR: delivery of integrated TB/HIV services prioritised.
- Global Fund: support for countries in proposal development and implementation.
- Trained civil society organizations on TB/HIV (Vienna, July 2010)

# Enhancing TB/HIV Research

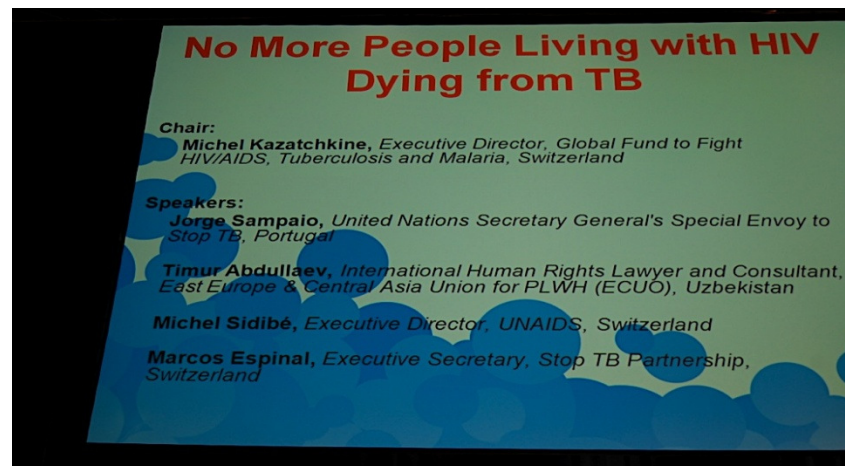
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- Priority TB/HIV research questions identified.
- Uptake of TB research by HIV researchers increased (NIH, ACTG, IAS 2010)
- Recognize young scientists in the field of HIV/TB (IAS TB/HIV award)
- Inclusion of people living with HIV in new drug and diagnostic research



# MOU: UNAIDS and Stop TB Partnership

- Two year plan signed in July 2011
- Target to reduce TB related HIV deaths by half by 2015
- Instrumental to catalyse implementation and garner support from HIV community



# Request to the Coordinating Board

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- Support the resource needs to implement the MOU between the UNAIDS and the Stop TB Partnership
- Statement to discourage hospitalisation of all drug susceptible TB patients in EE and central Asia with the provision of evidence based feasible options